TOWN OF ACTON BOARD OF HEALTH

Application for Food Service Permit

Please Check Appropriate Classification and Remit Fee Accordingly

Restaurant ☐ 0 Seats (\$100) ☐ 1-40 Seats (\$150) ☐ 41-100 Seats (\$250) ☐ 100 + Seats (\$300) ☐ Deli (\$60) ☐ Hot Bar (\$35)	Market ☐ Deli (\$60) ☐ Bulk (\$35) ☐ Milk/Cream (\$15) ☐ Retail (<10,000 s.f.) (\$ ☐ Retail (>10,000 s.f.) (\$ ☐ Sundries (\$40)	,	☐ Catering (\$150)	
			☐ Bakery (\$60)	
			☐ Residential Kitchen (\$40	
□ Cold Bar (\$35)			☐ Mobile Food (\$60)	
☐ Cafeteria (\$250) ☐ Frozen Dessert (\$60) ☐ Utility Kitchen (\$30)			□ Pushcart (\$60)/6 mo.	
	ollowing information uno of Massachusetts, Chapt	•		
Establishment Name:				
Establishment Address:				
Establishment Telephone:				
Owners and/or Corporate	Officers:			
Address:				
Telephone Number:				
Manager(s):				
Operating Schedule:				
Total Seating Capacity:				
Types of Foods Served an	nd/or Sold (Attach Menu):			
Employee(s) trained in the (Required while food is being	e Heimlich Maneuver: g served in restaurants with 25	or more seats) (Attach copy of	of certification)	
Employee(s) that are Certification (Attach copy of certification)	ed Food Protection Managers:			
Size of Establishment	(sq. Ft.):			
Size of Septic System (design flow/gallons/day)				
Methods and Frequency of Sanitizing Equipment:				
Type of Sanitizer used:	Ramit Annl	ication and Fee to:		
	Kunt Appi	ication and i cc to.		

Remit Application and Fee to: Acton Board of Health – 472 Main Street, Acton, MA 01720

Describe pest control program: (Include name of Pest Control Company)				
Describe Rubbish Storage, Removal, Frequency and name of Hauler:				
	r new facilities only) from all relevant departments who have re the obtainment of permits and/or licenses exclusive of this			
Building Department Representative	Date			
Board of Selectmen Representative	Date			
Town Clerk Representative	Date			
	usetts, Chapter 62C, Section 49A, I certify under the pains of my knowledge and belief, have filed all state tax returns			
I agree to comply with 105 CMR 590.00, the above information is accurate to the be	Vending Machines and State Sanitary Code. I attest that est of my knowledge and belief.			
Signature of Owner/Applicant	S.S.I or F.I.N. Number			
Date				